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| Case Number: | CM13-0055292 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/18/2013 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of March 18, 2013. An MRI of the lumbar spine dated April 11, 2013 identifies an acute compression fracture at T12 with disc degeneration and a posterior annular fissure at L5-S1. An MRI of the right shoulder dated July 17, 2013 identifies infraspinatus tendinitis. A progress report dated September 30, 2013 identifies subjective complaints of ongoing neck pain and right shoulder pain as well as pain in the upper and lower back. Objective examination findings identify tenderness bilaterally more so, on the right than the left, tenderness along the thoracolumbar junction, intact motor strength testing in the lower extremities, and impingement findings in the right shoulder. Diagnoses include right shoulder infraspinatus tendinitis, cervical sprain, T12 compression fracture, and annular tear and disruption at L5-S1. The treatment plan recommends the patient to be seen by a shoulder specialist a recommendation for MRI of the thoracic and lumbar spine is made.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE (1) CONSULTATION WITH A SHOULDER SPECIALIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: California MTUS Guidelines do not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is clear the patient has had significant shoulder pain, which has not responded to physical therapy and medication. The requesting physician does not seem to have any remaining additional treatment options, and is therefore asking for the patient to see a shoulder specialist. ACOEM guidelines support the use of consultation when the course of care may benefit from additional expertise. In this case, additional expertise may be warranted to assist in identifying other treatment options for this patient, assessing the biomechanics of the patient's shoulder, and potentially performing interventional techniques such as injections. Therefore, the currently requested consultation with a shoulder specialist is medically necessary.

ONE (1) MRI OF THE THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no indication that the patient's subjective complaints and objective findings have changed significantly since the time of the most recent lumbar MRI. Additionally, there is no documentation of an intervening injury for which an MRI would be indicated. Additionally, there are no objective examination findings identifying nerve root compromise affecting the thoracic or lumbar spine to support the request for an MRI in those areas. Finally, it is unclear exactly what medical decision-making would be based upon the outcome of the requested studies. In the absence of clarity regarding those issues, the currently requested MRI of the thoracic and lumbar spine is not medically necessary.